

Patient

Name: _____

Physician: _____

Procedure Date: _____

Procedure Time: _____

Arrival Time: _____

Capsule Endoscopy

- **You will need a prescription for Go-Lytely.**

WHEN YOU RECEIVE YOUR INSTRUCTIONS:

- If you have an internal cardiac defibrillator, call 623-772-6999 IMMEDIATELY.

The day BEFORE your exam:

- You should drink only clear liquids for the entire day. Clear liquids are the following:
 - Soda
 - Water
 - Gelatin
 - Clear chicken or beef broth
 - Black coffee or tea WITHOUT milk
 - Apple, white grape or cranberry juices
- Starting at 4PM drink 2 liters of Go-Lytely laxative.
- DO NOT eat or drink anything after midnight.

The day OF the exam:

- DO NOT eat or drink anything prior to exam.
- Please wear loose fitting clothing (i.e. T-shirt, elastic waist/drawstring pants or shorts, avoiding snaps, zippers, and one piece dresses.

UPON ARRIVAL TO OFFICE

The sensor array will be applied to your abdomen with adhesive pads and will be connected to the data recorder that is worn on a belt around your waist. You will then be instructed to swallow the capsule.

After swallowing the capsule, DO NOT eat or drink for 2 hours. After 2 hours you may drink water. At this time you may take your medications. After 4 hours you may eat lightly. After completion of the study, you may return to your normal diet.

After swallowing capsule and until it passes from the body, you should not be near any source of powerful electromagnetic fields such as one created near an MRI device or amateur (ham) radio.

The capsule endoscopy will last **approximately 7 to 8 hours**. During this time, avoid any strenuous physical activity. Do not bend or stoop if possible. You should not remove the belt at any time during this period.

During the capsule endoscopy, you will need to verify that the small green light on top of the recorder is blinking. If for any reason it stops, please record the time and contact us. Also record the time and nature of any event such as eating, drinking and unusual sensations. Return these notes at the time you return the equipment.

The capsule is disposable and it will be passed naturally in your bowel movement. An x-ray may be ordered to confirm the absence of the capsule.

RISKS ASSOCIATED WITH CAPSULE ENDOSCOPY

Serious problems with these exams are uncommon. Capsule retention is the major concern and occurs with a frequency of 5%. Of these, < 1% require surgical retrieval. A second problem is delayed passage of the capsule resulting in termination of the recording before the capsule completes its journey through the small bowel. Other possible but rare problems include perforation (tear) through the wall of the intestine and bleeding. You may discuss all possible problems with your physician.

FINANCIAL QUESTIONS

Ensuring payment for all procedures (and associated costs) is **YOUR RESPONSIBILITY**. Our office will do its best to pre-certify the procedure with your insurance company. We cannot know ahead of time, though, what your part of the cost of the procedure will be. The cost is different for every insurance company and every individual plan. If you have any concerns, you need to contact the customer service department of your insurance provider **PRIOR** to undergoing the procedure.

You understand you are responsible for any deductibles, co-payments, co-insurance or amounts not covered by the Insurance carrier for your procedure. You further understand any collection fees will also be your responsibility.

In addition, you are aware that if you cannot attend your scheduled procedure, you must call at least 48 hours in advance to avoid a \$50 no show fee.

LOSS / DAMAGE WAIVER

I understand that I will be required to sign a Loss / Damage Waiver for the Capsule Endoscopy equipment I will be wearing the day of the procedure. With the help of the Medical Assistant I will examine the Capsule Endoscopy equipment and agree that it is in good working condition prior to me leaving the office. I am aware that I am responsible for any loss or damage to the Capsule Endoscopy equipment; this includes the lead sets and the Recorder Device, regardless of who is at fault.

I understand that if any loss or damage occurs to the equipment, I will be responsible for \$500 of the repair or replacement costs.

WHEN TO SEEK MEDICAL HELP

If you experience any of the following symptoms during or after your procedure, go to the nearest Emergency Department.

- Abdominal pain and bloating.
- Pass black or very dark stools.
- Neck or chest pain.
- Temperature of 100.4 degrees F. (38 degrees C.) or greater.

If you have any questions about preparing for your capsule endoscopy or the exam itself, do not hesitate to speak with your physician. **Call 623-772-6999.**